

Population-based incidence and survival of lymphoid neoplasms according to the WHO 2008 classification: Girona (1996-2015)

Rafael Marcos-Gragera^{1,2,3}, Marta Solans^{3,2,1}, Anna Fabrega¹, David Morea¹, Carme Auñon⁴, Josep María Roncero⁵, Antonio Blanco⁵, Nichollas Kelleher⁵, Joan Buch⁵, Loreto Vilardell¹

1. Epidemiology Unit and Girona Cancer Registry, Oncology Coordination Plan, Department of Health, Autonomous Government of Catalonia, Catalan Institute of Oncology, Girona, Spain.

2. Research Group on Statistics, Econometrics and Health (GRECS), University of Girona, Girona, Spain.

3. Centro de Investigación Biomédica en Red: Epidemiología y Salud Pública (CIBERESP), Madrid, Spain.

4. Radiotherapy Service, University Hospital Dr. Josep Trueta, Catalan Institute of Oncology, Girona, Spain.

5. Hematological Service, University Hospital Dr. Josep Trueta, Catalan Institute of Oncology, Girona, Spain.

INTRODUCTION & OBJECTIVES

- Changing classifications hamper international comparisons of lymphoid neoplasms (LNs) data.
- The aim of this study was to present incidence and survival of LNs in the Girona province (1996-2015) according to the WHO 2008 classification, and to predict the number of LNs in Spain during 2020.

METHODS

- Data were extracted from the population-based Girona cancer registry.
- Incident cases were classified using the ICD-O-3 first revision and grouped according to the WHO 2008 classification scheme.
- Age-adjusted incidence rates (ASR_{E13}) were obtained with Regstatools (1) and incidence trends were modeled using Joinpoint (2).
- Observed and relative survival were estimated with Kaplan-Meier and Ederer II methods, respectively, using WebSurvCa (3).

Table 1. Lymphoid neoplasms incidence rates by subtype. Girona province, 1996-2015.

Subtype	ICD-O-3 codes	N	%	Annual N	Median age (years)	CR	ASR _{E13} (CI 95%)	Sex ratio ¹	
Lymphoid neoplasm, total		4367	100.00	218	67.6	33.42	37.08 (35.98; 38.21)	1.54	
1) Hodgkin lymphoma (HL)		364	8.34	18	39.7	2.79	2.72 (2.44; 3.02)	1.59	
1.1 Classical Hodgkin lymphoma	9651	21	6.25	1	34.4	0.16	0.15 (0.09; 0.23)	6.25	
1.1.1 Lymphocyte rich classical Hodgkin lymphoma	9636	22	3.31	17	39.1	2.57	2.5 (2.24; 2.79)	1.55	
1.1.2 Nodular sclerosis classical Hodgkin lymphoma	9663-9667	214	63.69	11	36.7	1.64	1.56 (1.36; 1.79)	1.13	
1.1.3 Mixed cellularity classical Hodgkin lymphoma	9652	66	18.64	3	46.4	0.51	0.51 (0.39; 0.65)	2.57	
1.1.4 Lymphocyte-depleted classical Hodgkin lymphoma	9653-9655	5	1.49	0	52.5	0.04	0.04 (0.01; 0.09)	NA	
1.1.5 Classical Hodgkin lymphoma, NOS	9650,9661-9662	30	8.93	2	53.3	0.23	0.24 (0.16; 0.35)	2.06	
1.2 Nodular lymphocyte predominant Hodgkin lymphoma	9659	28	7.69	1	43.8	0.21	0.22 (0.15; 0.32)	2.07	
Non-Hodgkin lymphoma (NHL)		3886	88.99	194	68.6	29.74	33.35 (32.32; 34.42)	1.54	
2) Precursor lymphoid neoplasms		210	4.81	10	25	1.61	1.64 (1.42; 1.88)	1.53	
2.1 B-lymphoblastic leukemia/lymphoma	9728, 9811-9818, 9836	138	65.71	7	18.2	1.06	1.08 (0.91; 1.28)	1.25	
2.2 T-lymphoblastic leukemia/lymphoma	9729, 9837	46	21.90	2	20	0.35	0.34 (0.25; 0.46)	3.53	
2.3 Lymphoblastic leukemia/lymphoma, NOS	9727, 9835	26	12.38	1	80	0.2	0.22 (0.14; 0.32)	1.37	
3) Mature B-cell neoplasms		3413	78.15	171	69.7	26.12	29.5 (28.51; 30.51)	1.48	
3.1 Chronic lymphocytic leukemia/small lymphocytic lymphoma	9670, 9823	751	22.00	38	72.4	5.75	6.62 (6.15; 7.11)	1.77	
3.2 B-cell prolymphocytic leukemia	9833	-	-	-	-	-	-	-	
3.3 Mantle cell lymphoma	9673	105	3.08	5	68.1	0.8	0.92 (0.75; 1.12)	4.37	
3.4 Lymphoplasmacytic lymphoma/Macroglobulinemia de Waldenström	9671, 9761	128	3.75	6	73.5	0.98	1.13 (0.94; 1.34)	2.16	
3.5 Diffuse large B-cell lymphoma	9678-9680, 9688, 9684, 9712, 9735, 9737, 9738	733	21.48	37	66.3	5.61	6.18 (5.74; 6.65)	1.4	
3.6 Burkitt lymphoma/leukemia	9687, 9826	60	1.76	3	37.9	0.46	0.47 (0.36; 0.61)	1.91	
3.7 Marginal lymphoma	9689	339	9.93	17	68.7	2.59	2.92 (2.62; 3.25)	1.09	
3.7.1 Splenic marginal zone lymphoma	9689	67	19.76	3	69.2	0.51	0.58 (0.45; 0.74)	1.46	
3.7.2 Extramedullary marginal zone lymphoma	9699 (excluding C77.0-C77.9)	243	71.68	12	68	1.86	2.09 (1.83; 2.37)	1.07	
3.7.3 Nodal marginal zone lymphoma	9699 (C77.0-C77.9)	29	8.55	1	75.8	0.22	0.25 (0.17; 0.36)	0.6	
3.8 Follicular lymphoma	9597, 9690, 9691, 9695, 9698	441	12.92	22	62.1	3.37	3.74 (3.4; 4.11)	1.07	
3.9 Hairy cell leukemia	9940	32	0.94	2	58.8	0.24	0.26 (0.18; 0.37)	6.86	
3.10 Plasma cell neoplasms	920	24.03	41	72.7	6.27	7.22 (6.73; 7.73)	1.41		
3.10.1 Solitary plasmacytoma of bone	9731	36	4.39	2	69	0.28	0.31 (0.22; 0.43)	2.1	
3.10.2 Extramedullary plasmacytoma	9734	13	1.59	1	76.9	0.1	0.12 (0.07; 0.2)	2.25	
3.10.3 Plasma cell myeloma/leukemia	9732-9733	771	94.02	39	72.8	5.9	6.79 (6.32; 7.29)	1.38	
3.11 Heavy chain disease	9762	-	-	-	-	-	-	-	
3.12 B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical HL	9596	4	0.12	0	44.5	0.03	0.03 (0.01; 0.08)	1.33	
4) Mature-T-cell and NK-cell neoplasms		263	6.02	13	64.7	2.01	2.22 (1.96; 2.51)	2.59	
4.1 Mycosis fungoïdes/Sezary syndrome	9700, 9701	81	30.80	4	64.2	0.62	0.69 (0.55; 0.86)	2.78	
4.2 Peripheral T/NK-cell lymphoma	130	49.43	6	60.50	0.99	1.08 (0.91; 1.30)	2.95		
4.2.1 Peripheral T-cell lymphoma, NOS	9702	60	46.15	3	64.2	0.46	0.5 (0.38; 0.65)	2.52	
4.2.2 Angioimmunoblastic T-cell lymphoma	9705	29	22.31	1	70.6	0.22	0.26 (0.17; 0.37)	3.23	
4.2.3 Subcutaneous panniculitis-like T-cell lymphoma	9708	2	1.54	0	42	0.02	0.01 (0; 0.05)	0	
4.2.4 Anaplastic large cell lymphoma, ALK-positive	9714	18	13.85	1	37	0.14	0.14 (0.08; 0.22)	8.33	
4.2.5 Hepatosplenic T-cell lymphoma	9716	3	2.31	0	42.5	0.02	0.02 (0; 0.07)	NA	
4.2.6 Enteropathy-associated T-cell lymphoma	9717	1	0.77	0	62.5	0.01	0.01 (0; 0.05)	0	
4.2.7 Primary cutaneous gamma-delta T-cell lymphoma	9726	-	-	-	-	-	-	-	
4.2.8 Primary cutaneous T-cell lymphoma, NOS	9709	16	12.31	1	73	0.12	0.13 (0.07; 0.22)	3.14	
4.2.9 Systemic EBV-positive T-cell lymphoproliferative disease of childhood	9724	-	-	-	-	-	-	-	
4.2.10 Hydroxy vacciniforme-like lymphoma	9725	1	0.77	0	17.5	0.01	0.01 (0; 0.05)	NA	
4.3 Adult T-cell leukemia/lymphoma	9827	3	1.14	0	82.5	0.02	0.02 (0; 0.07)	0.67	
4.4 Extramedullary NK/T-cell lymphoma, nasal type	9719	11	4.18	1	66.2	0.08	0.09 (0.04; 0.17)	1.86	
4.5 T-cell large granular lymphocytic leukemia	9831	22	8.37	1	65	0.17	0.19 (0.12; 0.29)	2.25	
4.6 T-cell polylymphocytic leukemia	9834	3	1.14	0	62.5	0.02	0.03 (0.01; 0.08)	0	
4.7 Aggressive NK cell leukemia	9948	1	0.38	0	22.5	0.01	0.01 (0; 0.05)	NA	
4.8 Primary cutaneous CD30 + T-cell lymphoproliferative disorders	9718	12	4.56	1	70	0.09	0.1 (0.05; 0.18)	2.33	
5) Lymphoid neoplasms, NOS		9590, 9591, 9820, 9970, 9971	117	2.68	6	77.9	0.9	1.01 (0.83; 1.21)	1.42

N, total cases; CR, crude rate; ASR_{E13}, age-standardized incidence rate using European 2013 standard population; CI, confidence interval; ¹Sex ratio (M/F) based on ASR_{E13}; NOS, NOS, no otherwise specified.

Incidence trends (1996 – 2015)

- No statistically significant variations in incidence trends were found for LNs [annual percentage change (APC): 0 (95% CI: -0.8; 0.7)], nor for broader lymphoma categories.
- Incidence trends only increased for peripheral T/NK-cell lymphoma (APC: 4.1 (0.1; 8.3)) and decreased for LNs NOS (APC: -7.4 (-11.2; -3.3)).

Projections (Spain, 2020)

- 17,950 new cases of LNs will be diagnosed in Spain in 2020, of which 1,263 cases will be Hodgkin lymphoma, 738 precursor LNs, 14,360 mature B-cell neoplasms lymphoma, 1,067 mature T-cell and NK-cell neoplasms and 521 LNs NOS.

CONCLUSIONS

- This is the first study to present epidemiological data from LNs in Spain according to the WHO 2008 classification.
- Marked variations by subtype and sex were demonstrated; confirming the importance of taking into account differences in lymphoid neoplasm subtypes when developing management strategies for these cancers and may also offer clues about their etiology.

References

1. Esteban L, Clèries R, Gálvez J, Pareja L, Escribà JM, Sanz X et al. REGSTATTOOLS: freeware statistical tools for the analysis of disease population databases used in health and social studies. Izquierdo A, Galcerán J, Ribes J. BMC Public Health. 2013 Mar 7; 13:201. doi: 10.1186/1471-2458-13-201.
2. Joinpoint Regression Program, Version 4.6.0.0 - April 2018; Statistical Methodology and Applications Branch, Surveillance Research Program, National Cancer Institute.
3. Clèries R, Ameijide A, Buxó M, et al. [WebSurvCa: web-based estimation of death and survival probabilities in a cohort]. Gac Sanit. January 2018. doi:10.1016/j.gaceta.2017